OMB NO.: 1820-0557

FORM EXPIRES: 7/31/2004

TABLE 1

REPORT OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2003

SECTION A

STATE: MT

TOTAL NUMBER OF	INFANTS AND TODDLERS RECI	EIVING EARLY INTERVENTIO	N SERVICES	
			AGE AS OF DECEMBER 1:	
	Tolal	birth to 1 (12 months)	1 to 2 (>12 and 24 months)	2 to 3 (>24 and 36 months)
TOTAL (ROWS 1-5)	628	: : : : : : : : : : : : : : : : : : : :	219	278
1. AMERICAN INDIAN OR ALASKA NATIVE	130.			
2. ASIAN OR PACIFIC ISLANDER	5			
3. BLACK (Not Hispanic)	8			
4. HISPANIC	21		and the second seco	الله المستخدمة المست المستخدمة المستخدمة
5. WHITE (Not Hispanic)	46.4			

OMB NO.: 1820-0557

FORM'EXPIRES: 7/31/2004

#### TABLE 1

## REPORT OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2003

SECTION B (TO BE COMPLETED ONLY BY STATES THAT SERVE AT-RISK INFANTS AND TODDLERS)

STATE: MT

	ER OF INFANTS AND TODDLE ND TODDLERS SHOULD BE I	RS IDENTIFIED AS AT-RISK NCLUDED IN COUNTS FOR SE	CTION A)	and the second s
	•		AGE-AS OF DECEMBER 1	
	Total	birth to 1 (12 months)	1 to 2 (>12 and 24 months)	2 to 3 (>24 and 36 months)
TOTAL (ROWS 1-5)				
1. AMERICAN INDIAN OR ALASKA NATIVE				
2. ASIAN OR PACIFIC ISLANDER				
3. BLACK (Not Hispanic)				
4. HISPANIE	,			
5- WHITE (Not Hispanic)				

SECTION C (OPTIONAL)

CUMULATIVE NUMBER OF INFANTS AND TODDLERS WHO RECE FROM 10 1 1 02 TO 9 1 30 1 03 (SPECIFY EXACT	EIVED EARLY INTERVENT DATES)	ION SERVICES				
1287		•	AGE: birth through 2	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
NUMBER OF INFANTS AND TODDLERS						

#### TABLE 2

OMB NO.: 1820-0557

FORM EXPIRES: 7/31/2004

### REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2003

STATE: MT

Section A: Report by Individual Age Year

	AGE GROUP AS OF DECI	EMBER 1		
PROGRAM SETTING	Total	Birth-1 (12 months)	1-2 (>12 and 24 months)	2-3 (>24 and 36 months)
TOTAL (ROWS 1-7)	628	. 131	219	278
PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	22	1	2	.19
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	16	3	4	9
3. HOME	<i>559</i>	124	205	230
4. HOSPITAL (INPATIENT)		0	0	0
5. RESIDENTIAL FACILITY	0	. 0	0'	0
6. SERVICE PROVIDER LOCATION	29	. 2	7	20
7. OTHER SETTING*	2	/	./	0

<sup>\*</sup> Please list the Other Settings Included:

#### TABLE 2

OMB NO.: 1820-0557

FORM EXPIRES: 7/31/2004

# REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C

**DECEMBER 1, 2003** 

STATE: MT

Section B: Report by Race/Ethnicity

AGE GROUP AS OF DECEMBER 1: BIRTH THROUGH 2					-	•
PROGRAM SETTING	TOTAL	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	AMERICAN INDIAN OR ALASKA NATIVE
TOTAL (ROWS 1-7)	628	5	8	21	464	130 .
PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	22	1	0	. 0	. 19	2
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	16	2	0	. 0	12	2
3. НОМЕ	559	2	S	20	408	121
4. HOSPITAL (INPATIENT)	. 0	0	Q	0	0	0
5. RESIDENTIAL FACILITY	, 0	0	Ó	. 0	0	. 0
6. SERVICE PROVIDER LOCATION	29	.0	0	/	24	4
7. OTHER SETTING*	. 2	. 0	0	0	/	1

<sup>\*</sup>Please list the Other Settings included: CHILD & FAMILY SERVICES

MOUNTAIN HOMES (A HOME FOR TEEN MOMS)

TABLE 3

OMB NO.: 1820-0557

FORM EXPIRES: 7/31/2004

## REPORT ON INFANTS AND TODDLERS EXITING PART C PROGRAMS 2003-2004

STATE: MT

12-Month Reporting Period (From MM/YY to MM/YY):  $\frac{1}{10z - 6/30/03}$ .

REASONS FOR EXIT	TOTAL	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	AMERICAN INDIAN OR ALASKA NATIVE
TOTAL NUMBER OF INFANTS AND TODDLERS EXITING (ROWS 1-9)	572	6	. 9	22	435	100
SECTION A: PROGRAM COMPLETION		:		-		
COMPLETION OF IFSP PRIOR TO REACHING MAXIMUM     AGE FOR PART C	115	1	2	3	96	13
2. PART B ELIGIBLE	191	3	/	5	159	23
NOT ELIGIBLE FOR PART B, EXIT TO OTHER PROGRAMS	38	0	. 0	3	32	3
4. NOT ELIGIBLE FOR PART B, EXIT WITH NO REFERRALS	17	0	. /	0	14	2
5. PART B ELIGIBILITY NOT DETERMINED	26	ò	1	0	. 18	7
SECTION B: OTHER EXIT REASONS		<u></u>	· · · · · · · · · · · · · · · · · · ·	•		,
6. DECEASED	3	- 0	0		2	1
7. MOVED OUT OF STATE	54		2.	4	38	. 9
8. WITHDRAWAL BY PARENT (OR GUARDIAN)	63	0		4	. 40	18
9. ATTEMPTS TO CONTACT UNSUCCESSFUL	65	: /	1	3	36	24

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OMB NO.: 1820-055

FORM EXPIRES: 7/31/2004

## REPORT OF EARLY INTERVENTION SERVICES ON IFSPS PROVIDED TO INFANTS, TODDLERS, AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2003

STATE: MT

	NUMBER OF INFANTS AND TODDLERS (BIRTH THROUGH 2) AND THEIR FAMILIES RECEIVING SERVICES					ILIES
EARLY INTERVENTION SERVICES	Total	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	AMERICAN INDIAN OR ALASKA NATIVE
ASSISTIVE TECHNOLOGY SERVICES/DEVICES	46	. 0	. /	. 4	35	6
2. AUDIOLOGY	160	0	1.	4	131	24
3. FAMILY TRAINING, COUNSELING, HOME VISITS, AND OTHER SUPPORT	397	4	7	14	263	109
4. HEALTH SERVICES	67	0	1	5	44	17
5. MEDICAL SERVICES (for diagnostic or evaluation purposes)	146	. 0	3	1	119	23
6. NURSING SERVICES	14	0	Ö	1	8	5
7. NUTRITION SERVICES	148	0	1	6	92	49
8. OCCUPATIONAL THERAPY	1.71	2	2	6	142	19
9. PHYSICAL THERAPY	173	2	1	9	139	22
10. PSYCHOLOGICAL SERVICES	48	2	0	. 2	36	8
11. RESPITE CARE	115	0	4	. 4	. 77	30
12. SOCIAL WORK SERVICES	129	ઝ	2	6	88	30
13. SPECIAL INSTRUCTION .	315	2	14	11	210	78
14. SPEECH-LANGUAGE PATHOLOGY	240	.3	j	11	193	32
15. TRANSPORTATION AND RELATED COSTS	42	٥	1	. 0	24	17
16. VISION SERVICES	50	0	0	2	43	5
17. OTHER EARLY INTERVENTION SERVICES*	179	2	0	9	153	15

<sup>\*</sup>Please list the Other Early Intervention Services Included: INTERPRETER FOR DEAF PARENT; HAB AID;

TRAVEL ASSIGTANCE TO MEDICAL APPOINTMENTS; MASSAGE;

EARLY HEADSTART; MT. SCHOOL FOR THE DEAF AND BLIND; RESPITE;

DEAF EDUCATORS; SWIM INSTRUCTORS; TRANSPORTERS;

#### TABLE 5

OMB NO.: 1820-0556

FORM EXPIRES: 7/31/2004

NUMBER AND TYPE OF PERSONNEL (In Full-Time Equivalency of Assignment) EMPLOYED AND CONTRACTED TO PROVIDE EARLY INTERVENTION SERVICES TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

December 1, 2003

STATE: MT

	,
EARLY INTERVENTION	FTE EMPLOYED AND CONTRACTED
SERVICES PERSONNEL	(for ages birth through 2)
TOTAL (ROWS 1-15)	74, 1556
1. AUDIOLOGISTS	. /93/
2. FAMILY THERAPISTS	15. 8/15
3. NURSES	, 2666
4. NUTRITIONISTS	. 6671
5. OCCUPATIONAL THERAPISTS	3. 8703
6. ORIENTATION AND MOBILITY SPECIALISTS	1296
7. PARAPROFESSIONALS	2. 2963
8. PEDIATRICIANS	4081
9. PHYSICAL THERAPISTS	2.3224
10. PHYSICIANS, OTHER THAN PEDIATRICIANS	. 5005
11. PSYCHOLOGISTS	, 3439
12. SOCIAL WORKERS	2. 3923
13. SPECIAL EDUCATORS	8. 4275
14. SPEECH AND LANGUAGE PATHOLOGISTS	4. 4785
15. OTHER STAFF*	32.0479

<sup>\*</sup>Please list the Other Professional Staff included: FAMILY SUPPORT SPECIALISTS